

<b>Case Number:</b>	CM14-0198392		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/12/2005
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66 year old male, who sustained an industrial injury on 10/12/2005. The details regarding the initial injury were not submitted for this review. The diagnoses have included lumbosacral disc protrusion, degenerative disc disease, history of rhizotomy L3-4 and L4-5. Treatment to date has included physical therapy, acupuncture, home exercises, and cognitive behavioral therapy. Currently, the IW complains of low back pain with radiation to lower extremities. On 9/26/14, the provider documented concern for disc protrusion due to worsening symptoms with the last Magnetic Resonance Imaging (MRI) greater than three and half years old with positive findings, it was necessary to obtain a repeat lumbar spine Magnetic Resonance Imaging (MRI). Due to poor quality of the copy for this review, the handwritten progress note from 12/19/14 was difficult to read to determine the objective findings. On 11/418/2014 Utilization Review non-certified a Magnetic Resonance Imaging (MRI) without contrast, lumbar spine, noting the need for additional documented to support medical necessity. The MTUS, ODG and ACOEM Guidelines were cited. On 11/25/2014, the injured worker submitted an application for IMR for review of Magnetic Resonance Imaging (MRI) without contrast, lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI without contrast to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The clinical notes were not clear in specifying the need for another MRI despite the reason that the last MRI was 3 yrs prior. There is no indication of new injury or red flag symptoms to update the MRI. The request for another MRI of the lumbar spine is not medically necessary.